

QUANTITY LIMIT EXCEPTION CRITERIA FOR APPROVAL

The requested medication will be approved when BOTH of the following are met:

1. The patient has an FDA labeled indication or an indication that is supported in CMS approved compendia for the requested medication

AND

2. ONE of the following:

- A. The requested quantity (dose) does NOT exceed the program quantity limit

OR

- B. ALL of the following:

- i. The requested quantity (dose) is greater than the program quantity limit

AND

- ii. The requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does not exceed the program quantity limit

AND

- iii. The prescriber has provided information in support of therapy with a higher dose for the requested indication

Length of Approval: 12 months